

The purpose of the Quick Reference Guide for Direct Data Entry On-Boarding is to provide the Senior Prescribing Authority and Legal Signature Authority (if needed) with step-by-step instructions on the on-boarding process. If questions or concerns should arise during the on-boarding process, contact the help desk at 866-439-4082 (select option 2, Immunization Registry).



The senior prescribing authority must have a SCI PAS account to proceed. If the senior prescribing authority does not have a SCI PAS account, please select and print the Quick Reference Guide for Establishing a New Account on the SCI PAS home page (<https://www.scdhec.gov/scipas>) and follow the step-by-step instructions to establish a new account.

## Logging into SCI PAS

To begin the on-boarding enrollment process for Direct Data Entry with an existing SCI PAS account, Senior Prescribing Authority should go to:

<https://www.scdhec.gov/scipas>

Senior Prescribing Authority should enter Username and Password. Click **LOGIN**.

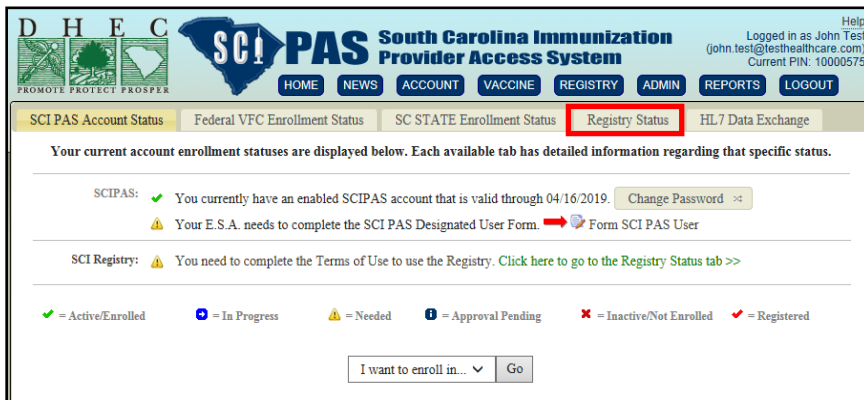
If Senior Prescribing Authority does not remember Username and Password, please contact the Help Desk at 866-439-4082 (select option 2, Immunization Registry) for assistance.

## Navigating to Registry Status Tab

Senior Prescribing Authority should navigate to the Registry Status Tab, click **ACCOUNT** tab.



Click **REGISTRY STATUS** tab.

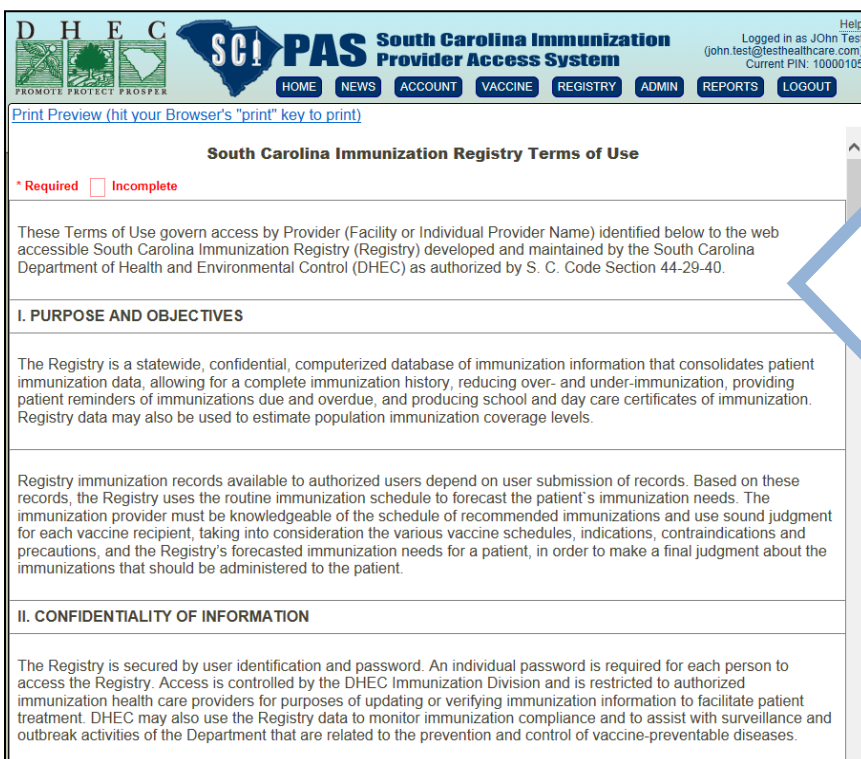


## SC Immunization Registry Terms of Use, Form DHEC 0867



### ON-BOARDING STEP 1:

Click on **FORM DHEC 0867** to complete the South Carolina Immunization Registry Terms of Use. This is a legal document. The Senior Prescribing Authority must complete the form.



The Senior Prescribing Authority must read the South Carolina Immunization Registry Terms of Use.

The Senior Prescribing Authority must complete all required elements of the Terms of Use.

The Senior Prescribing Authority must indicate agreement with Provider Responsibilities by checking each "Agree" box.

The Senior Prescribing Authority must indicate agreement with Certification and Acceptance by checking each "Agree" box.

**D H E C** **SCI PAS** South Carolina Immunization  
Provider Access System

Help Logged in as JOhn Test  
(john.test@testhealthcare.com)  
Current PIN: 10000105

HOME NEWS ACCOUNT VACCINE REGISTRY ADMIN REPORTS LOGOUT

[Print Preview \(hit your Browser's "print" key to print\)](#)

### III. PROVIDER RESPONSIBILITIES

Provider agrees to:

- \* Agree ☒ A. Provide and maintain appropriate internet service and computer systems required for Registry access.
- \* Agree ☒ B. Ensure that the Provider and Provider's employees and agents with access to the Registry receive training provided by DHEC on proper use of the Registry before gaining access to the Registry, and as required by DHEC for continued access.
- \* Agree ☒ C. Execute the DHEC User Confidentiality Agreement and ensure that all employees and agents of the Provider who will have Registry access sign the DHEC User Confidentiality Agreement before receiving access to the Registry. A copy of each authorized user's signed User Confidentiality Agreement must be provided to the DHEC Immunization Division before receiving initial access to the Registry.
- \* Agree ☐ D. Maintain all information received and/or printed from the Registry in strict confidentiality as a patient medical record as protected by state and federal laws.
- \* Agree ☐ E. Ensure that Registry information is not accessed or disclosed by any of Provider's employees or agents unless required for patient care or as authorized by law.

all computer(s) utilized for Registry access.

Immunization Division upon learning of any actions of an employee or agent these Terms of Use or the User Confidentiality Agreement, including but not sharing identification access or passwords, improper disclosure of Registry confidentiality of Registry information.

Immunization Division if there is any reason to believe that confidentiality or identification and password has been compromised.

Division within ten business days after an employee or agent who is an agent or is no longer authorized to access the Registry on behalf of Provider.

Division if the Provider no longer requires or needs Registry access.

Authorization from the director of the DHEC Immunization Division prior to compiling from the Registry database.

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### CERTIFICATION AND ACCEPTANCE

- \* Agree ☐ I have read and accept these Terms of Use.
- \* Agree ☐ I certify that I am a health care provider in the practice listed below or I am in direct support of, have authority to bind, and made this certification and acceptance on behalf of the health care provider identified below.
- \* Agree ☐ I certify that I will use the statewide South Carolina Immunization Registry in this practice solely to update or verify immunization information for purposes of patient treatment or for other purposes allowed by DHEC regulations.
- \* Agree ☐ I certify that I understand access to the Registry is to be limited to only those persons in my employ who require access. Employees granted access by the State will be monitored. Employees who fail to comply with the Terms of Use or fail to access the Registry (i.e., log-on) at a minimum of every 30 days will have their access suspended or terminated.
- \* Agree ☐ I certify that I understand that access to the Registry implies that I will use the Registry and that said use benefits patients serviced by my office, as well as another provider's office should they seek care elsewhere. Therefore, if my practice does not provide immunization data to the Registry, I understand that access for the entire practice may be terminated.
- \* Agree ☐ I understand that providers enrolled in the VFC program who use the Registry to record patient immunization and eligibility data will not be required to submit the annual VFC Provider Profile.

The Senior Prescribing Authority must indicate the Mailing Address.

**D H E C** **SCI PAS** South Carolina Immunization  
Provider Access System

Help Logged in as JOhn Test  
(john.test@testhealthcare.com)  
Current PIN: 10000105

HOME NEWS ACCOUNT VACCINE REGISTRY ADMIN REPORTS LOGOUT

[Print Preview \(hit your Browser's "print" key to print\)](#)

### PROVIDER

Physical Address:

- \* Facility or Individual Provider Name:
- \* Facility Address:
- \* Facility City:
- \* Facility State:
- \* Facility Zip:

Mailing Address:

- \* Mailing Address:
- \* Mailing City:
- \* Mailing State:
- \* Mailing Zip:

**SENIOR PRESCRIBING AUTHORITY**  
(MD, DO, APRN, PA, PharmD or RPh)

\* Senior Prescribing Authority - Enter your email address as your electronic signature:

\* Name of Senior Prescribing Authority:

\* Title of Senior Prescribing Authority:

\* South Carolina License Number:

\* Date Reviewed/Updated:

\* Can the Senior Prescribing Authority named above legally bind Provider (Facility Name) identified above? ☐ Yes ☒ No

The Senior Prescribing Authority must electronically sign the South Carolina Immunization Registry Terms of Use by entering his/her email address. The Senior Prescribing Authority will also enter name, title, license number and review date.

**LEGAL SIGNATURE AUTHORITY**  
(IN ADDITION TO SENIOR PRESCRIBING AUTHORITY, IF NECESSARY)

Legal Signature Authority - Enter your email address as your electronic signature:

Name of Legal Signature Authority:

Title of Legal Signature Authority:

Date Reviewed/Updated:

**Contact Person**

\* Name:

\* Email:

\* Telephone:

\* Fax:

If a group, etc.: Employer ID#:

If an enrolled VFC Provider: PIN:

The submit button will not be enabled until the entire form is completed.  
DHEC will not review forms until they have been submitted.  
[Go to first incomplete entry.](#)

Please be sure to fully complete and exit any electronic check boxes, etc. to enable the Submit button.

The Senior Prescribing Authority must enter the contact person's information. This person will serve as your facility's primary contact for DHEC.

The Senior Prescribing Authority must indicate if he/she can legally bind provider.

If the Senior Prescribing Authority **CAN** legally bind provider, indicate **YES** and continue completing the form. If the answer is **YES**, the Legal Signature Authority section does not display.

If the Senior Prescribing Authority **CANNOT** legally bind provider, indicate **NO**. The Legal Signature Authority section displays but fields are locked for Legal Signature Authority. Senior Prescribing Authority must complete the remainder of the form. Later, the Senior Prescribing Authority will create an account for the Legal Signature Authority (page 7).

If the Senior Prescribing Authority **CAN** legally bind the provider, the Senior Prescribing Authority may submit the form, if entirely completed. If submit is not activated, click on "Go to first incomplete entry".

If the Senior Prescribing Authority **CANNOT** legally bind the provider, the Senior Prescribing Authority may not submit the form. All information is saved. The form will be submitted by the Legal Signature Authority.



Direct Data Entry On-Boarding is complete if the Senior Prescribing Authority **CAN** legally bind provider.

If Senior Prescribing Authority **CANNOT** legally bind provider, refer to [Creating Legal Signature Authority Account](#) section below.

## Creating Legal Signature Authority Account

### ON-BOARDING STEP 2 (IF NEEDED):

To begin the Legal Signature Authority account creation,

Click **USER MAINTENANCE**.



Click on dropdown arrow.

Then, select provider.

**To Get Started:**  
Select a Provider.

**South Carolina Immunization Provider Access System**

Logged in as John Test (john.test@testhealthcare.net) Current PIN: 10000174

HOME NEWS ACCOUNT VACCINE REGISTRY ADMIN REPORTS LOGOUT

Select A Provider

Provider Users

ID	Username	PIN

Fill out the necessary information.

LSA: ☐ Yes ☐ No

Enter Email:

Examples: jdoe@provider.com jane.doe@provider.com

First Name:

Middle Name:

Last Name:

Examples: John Q. Doe Jane Doe

Position:

Examples: Vaccine Coordinator Medical Doctor

Phone Number:

Examples: (803) 555-1234 (864) 123-4567

User can access SCIPAS ☐ Yes ☐ No

SAVE

Click NEW.

**South Carolina Immunization Provider Access System**

Logged in as John Test (john.test@testhealthcare.net) Current PIN: 10000206

HOME NEWS ACCOUNT VACCINE REGISTRY ADMIN REPORTS LOGOUT

Test Healthcare

Provider Users

ID	Username	PIN
12467	john.test@testhealthcare.com	10000206

Fill out the necessary information.

User Type: ☒ ESA ☐ LSA ☐ Neither

Enter Email:

Examples: jdoe@provider.com jane.doe@provider.com

First Name:

Middle Name:

Last Name:

Examples: John Q. Doe Jane Doe

Position:

Examples: Vaccine Coordinator Medical Doctor

Phone Number:

Examples: (803) 555-1234 (864) 123-4567

User can access SCIPAS ☒ Yes ☐ No

SAVE

NEW Refresh Reset Password View 1 - 1 of 1

Test Healthcare

Provider Users

ID	Username	PIN
12467	john.test@testhealthcare.com	10000206

Fill out the necessary information.

User Type: ☐ ESA ☒ LSA ☐ Neither

Enter Email:

Examples: jdoe@provider.com jane.doe@provider.com

First Name:

Middle Name:

Last Name:

Examples: John Q. Doe Jane Doe

Position:

Examples: Vaccine Coordinator Medical Doctor

Phone Number:

Examples: (803) 555-1234 (864) 123-4567

**SAVE**

The Legal Signature Authority will use the PIN for his/her temporary password at login. Provide the Legal Signature Authority with this temporary password to login into SCI PAS to review the South Carolina Immunization Registry Terms of Use and sign electronically.

Click **LOGOUT**.

Test Healthcare

Provider Users

ID	Username	PIN
12468	james.legal@testhealthcare.com	10000206
12467	john.test@testhealthcare.com	10000206

Fill out the necessary information.

User Type: ☐ ESA ☒ LSA ☐ Neither

Enter Email:

Examples: jdoe@provider.com jane.doe@provider.com

First Name:

Middle Name:

Last Name:

Examples: John Q. Doe Jane Doe

Position:

Examples: Vaccine Coordinator Medical Doctor

Phone Number:

Examples: (803) 555-1234 (864) 123-4567

User can access SCIPAS: ☒ Yes ☐ No

**SAVE**



The Senior Prescribing Authority should have now completed all necessary documents for Direct Data Entry On-Boarding. If the Legal Signature Authority is unable to submit the South Carolina Immunization Registry Terms of Use, the Senior Prescribing Authority will need to login to SCI PAS to review the form for any omitted required fields. Go to page 2 for guidance for Navigating to Registry Status Tab section.



## *Legal Signature Authority Login*

The Legal Signature Authority will use his/her email address as the username and the temporary password (PIN) provided by the Senior Prescribing Authority to access SCI PAS to electronically sign the South Carolina Immunization Registry Terms of Use. To access SCI PAS, please go to:

<https://www.scdhec.gov/scipas/>

The Legal Signature Authority will enter his/her email address in the Username field and the temporary password provided by the Senior Prescribing Authority in the Password field.

Click **LOGIN**.

Immediately upon initial login, Legal Signature Authority is prompted to change password.

Click **OK**.

First, enter the temporary password in the  
**Current Password** field.

Enter **New Password** twice. Password must be at  
least 8 characters long and include:

- Uppercase letter
- Lowercase letter
- Symbol
- Number (minimum of 2)

The Change button will not  
activate until the new password  
meets agency password  
requirements.

When password has been entered  
twice and meets agency password  
requirements, click **Change**.

Window appears confirming password  
changed. Click **OK**.

Keep your password documented in a safe  
and secure place!

## Electronic Signature of Legal Signature Authority on South Carolina Immunization Registry Terms of Use, Form DHEC 0867

After changing password, the SCI PAS Account Status screen will be displayed. Click on the **REGISTRY STATUS** tab.

**D H E C** **SCI PAS** South Carolina Immunization Provider Access System

HOME ACCOUNT **REGISTRY** LOGOUT

SCIPAS Account Status Federal VFC Enrollment Status SC STATE Enrollment Status **Registry Status** HL7 Data Exchange

Your current account enrollment statuses are displayed below. Each available tab has detailed information regarding that specific status.

SCIPAS: ✓ You currently have an enabled SCIPAS account that is valid through 04/22/2019. [Change Password](#)

VFC: + Your E.S.A. is currently enrolling in the Federal Vaccine for Children (VFC) Program. [Click here to go to the VFC tab >>](#)

SC State Vaccine: + Your E.S.A. is currently enrolling in the South Carolina State Vaccine Program. [Click here to go to the STATE tab >>](#)

SCI Registry: + You are currently completing the User Confidentiality Agreement to use the Registry. [Click here to go to the Registry Status tab >>](#)

**D H E C** **SCI PAS** South Carolina Immunization Provider Access System

HOME NEWS ACCOUNT VACCINE **REGISTRY** ADMIN REPORTS LOGOUT

SCIPAS Account Status Federal VFC Enrollment Status SC STATE Enrollment Status **Registry Status** HL7 Data Exchange

**Registry Status**

Your practice/group needs to complete the Terms of Use to use the Registry.

+ Your practice/group needs to complete the Terms of Use to use the Registry. [Form DHEC 0867](#)

If you have any questions regarding South Carolina Immunization Registry registration, please contact the DHEC Immunization Division at 866-437-4082 (select option 2, Immunization Registry).

✓ = Active/Enrolled + = In Progress ⚠ = Needed ⓘ = Approval Pending ✗ = Inactive/Not Enrolled ✓ = Registered

Click on the **Form DHEC 0867**.

**D H E C** **SCI PAS** South Carolina Immunization Provider Access System

HOME ACCOUNT **REGISTRY** LOGOUT

Print Preview (hit your Browser's "print" key to print)

**South Carolina Immunization Registry Terms of Use**

\* Required ☐ Incomplete

These Terms of Use govern access by Provider (Facility or Individual Provider Name) identified below to the web accessible South Carolina Immunization Registry (Registry) developed and maintained by the South Carolina Department of Health and Environmental Control (DHEC) as authorized by S. C. Code Section 44-29-40.

**I. PURPOSE AND OBJECTIVES**

The Registry is a statewide, confidential, computerized database of immunization information that consolidates patient immunization data, allowing for a complete immunization history, reducing over- and under-immunization, providing patient reminders of immunizations due and overdue, and producing school and day care certificates of immunization. Registry data may also be used to estimate population immunization coverage levels.

Registry immunization records available to authorized users depend on user submission of records. Based on these records, the Registry uses the routine immunization schedule to forecast the patient's immunization needs. The immunization provider must be knowledgeable of the schedule of recommended immunizations and use sound judgment for each vaccine recipient, taking into consideration the various vaccine schedules, indications, contraindications and precautions, and the Registry's forecasted immunization needs for a patient, in order to make a final judgment about the immunizations that should be administered to the patient.

The Legal Signature Authority must read the South Carolina Immunization Registry Terms of Use.

**D H E C** **SCiPAS** South Carolina Immunization  
Provider Access System

HOME ACCOUNT REGISTRY LOGOUT

Help  
Logged in as James Legal  
(james.legal@testhealthcare.com)  
Current PIN: 10000105

[Print Preview \(hit your Browser's "print" key to print\)](#)

\* Date Reviewed/Updated: 04/22/2014

\* Can the Senior Prescribing Authority named above legally bind Provider (Facility Name) identified above? ☐ Yes ☒ No

**Instructions:** Since the Senior Prescribing Authority cannot legally bind this form, a Legal Signature Authority must sign. If an LSA user is not already set up, their profile can be added through the provider maintenance wizard in the admin section. Refer to the quick reference guide for step by step instructions.

**LEGAL SIGNATURE AUTHORITY**  
(IN ADDITION TO SENIOR PRESCRIBING AUTHORITY, IF NECESSARY)

Legal Signature Authority - Enter your email address as your electronic signature:

Name of Legal Signature Authority:

Title of Legal Signature Authority:

Date Reviewed/Updated:

The Legal Signature Authority by entering his/her email address agrees with the South Carolina Immunization Registry Terms of Use previously electronically signed by the Senior Prescribing Authority. The Legal Signature Authority will also enter name, title and date reviewed.

**D H E C** **SCiPAS** South Carolina Immunization  
Provider Access System

HOME ACCOUNT REGISTRY LOGOUT

Help  
Logged in as James Legal  
(james.legal@testhealthcare.com)  
Current PIN: 10000105

[Print Preview \(hit your Browser's "print" key to print\)](#)

\* Date Reviewed/Updated: 04/22/2014

\* Can the Senior Prescribing Authority named above legally bind Provider (Facility Name) identified above? ☐ Yes ☒ No

**Instructions:** Since the Senior Prescribing Authority cannot legally bind this form, a Legal Signature Authority must sign. If an LSA user is not already set up, their profile can be added through the provider maintenance wizard in the admin section. Refer to the quick reference guide for step by step instructions.

**LEGAL SIGNATURE AUTHORITY**  
(IN ADDITION TO SENIOR PRESCRIBING AUTHORITY, IF NECESSARY)

Legal Signature Authority - Enter your email address as your electronic signature: james.legal@testhealthcare.com

Name of Legal Signature Authority: James Legal

Title of Legal Signature Authority: CEO

Date Reviewed/Updated: 04/22/2014

**Contact Person**

\* Name: Becky Contact

\* Email: becky\_contact@testhealthcare.com

\* Telephone: (803) 898-5555

\* Fax: (803) 898-4444

If a group, etc.: Employer ID#:

If an enrolled VFC Provider: PIN:

The entire form is completed, click submit when ready.  
DHEC will not review forms until they have been submitted.

Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.

DHEC 0867 (Rev. 04/07/2014)  
TQU

The Legal Signature Authority will click **SUBMIT**. If SUBMIT is inactive, the Senior Prescribing Authority will need to review the form for omitted required fields.

The Legal Signature Authority should have now completed the necessary document for Direct Data Entry On-Boarding. Click **LOGOUT**.